

FINANCIAL STATEMENT

Monthly Expenses	Monthly Amount	Balances
Mortgage Payment		
Property Taxes		
Homeowner's Insurance		
Association Fees		
Other Mortgages		
Automobile Payment		
Other Automobile Loan Payment		
Automobile Insurance		
Gasoline		
Electricity		
Gas		
Water/Sewage		
Garbage		
Telephone		
Cell Phone		
Cable TV		
Credit Cards		
Furniture Loans		
Finance Companies		
Other Loans		
Health Insurance (not deducted)		
Life Insurance (not deducted)		
Taxes (not deducted)		
Donations		
Dues/Memberships		
Medical Bills (not insured)		
Prescription Medications		
Child Care		
Alimony/Child Support		
Tuitions		
Food/Household		
Number of people in household		
Dry Cleaning		
Uniforms		
Other Expenses		
TOTAL EXPENSES & BALANCES		

Income	Monthly Amount
Net Salary	
Overtime	
Spouse's Net Salary	
Commissions/Tips	
Bonuses	
Interest/Dividends	
Alimony/Child Support	
Disability	
Pension/Retirement	
Rental Property	
Other Income	
TOTAL NET INCOME	
GROSS ADJUSTED INCOME	

Available Cash	
Checking	
Savings	
Available Credit	
Additional + 30 days	
401 K	
TOTAL CASH AVAILABLE	
Total Net Income	
Total Expenses	
Surplus	

I declare under penalty of perjury that this information is true to the best of my knowledge, information and belief and that I realize I waive the right to any return of fee from Law Offices of Noble & Associates, P.C. should any of this information prove inaccurate or incomplete.

Borrower

Co-Borrower

Date